



# Department of Purchasing & Contract Compliance

Felicia Strong-Whitaker, Interim Director

**REQUEST FOR PROJECT NUMBER:**

**13CT90033-FG**

**PROJECT TITLE: Fresh Grant Early Childhood for Housing and Human Services  
Department**

**DUE DATE: 09/25/2013**

**WILL BE RECEIVED UNTIL: 2:00 P.M.**

**LAST DAY FOR QUESTIONS: 09/23/2013**

BIDDERS MAY SUBMIT REQUESTS FOR CLARIFICATION OR QUESTIONS REGARDING THIS E-QUOTE TO THE PURCHASING CONTACT PERSON LISTED BELOW. ANY REQUEST SHALL ONLY BE SUBMITTED IN WRITING (FAX OR EMAIL). ALL RESPONSES TO WRITTEN REQUEST(S) WILL BE DISTRIBUTED AS ADDENDA TO THIS E-QUOTE AND POSTED ON THE FULTON COUNTY WEBSITE AT [www.fultoncountyga.gov](http://www.fultoncountyga.gov).

THE COUNTY WILL NOT RESPOND TO REQUESTS RECEIVED AFTER Wednesday, 09/25/2013 AT 2:00 P.M.

**CONTACT NAME:**  
Cynthia McRae

**E-MAIL ADDRESS:**  
Cynthia.mcrae@fultoncountyga.gov

**FAX NUMBER:**  
(404)-224-1336

All information requested on this sheet must be completed. Unless specifications indicate "NO SUBSTITUTE", items determined by Fulton County to be "EQUAL OR BETTER" will be given full consideration. All prices QUOTED must be "FOB DELIVERED" unless otherwise requested, and must be submitted in the format requested. The County reserves the right to cancel the solicitation and to reject any or all quotes in whole or in part and is not bound to accept any quote if rejection of that quote is determined to be contrary to the best interest of the County.

## REQUEST FOR PROJECT SPECIFICATIONS

### FRESH Grant Early Childhood for Housing and Human Services Department

#### 1. DESCRIPTION

The Fulton County Department of Purchasing & Contract Compliance is soliciting quotes from qualified vendors to provide FRESH Grant mental health program services for the Housing and Humans Services Department.

#### 2. CONTACT PERSON

Quotes for 13CT90033-FG Fresh Grant Early Childhood, will be accepted by the Fulton County Department of Purchasing & Contract Compliance, 130 Peachtree Street, SW, Suite 1168, Atlanta, Georgia 30303-3459, on Wednesday, September 25, 2013. All bids submitted must be sealed, and received no later than 2:00 p.m. local (Eastern) time via E-mail: [cynthia.mcrae@fultoncountyga.gov](mailto:cynthia.mcrae@fultoncountyga.gov) or Fax: (404) 224 1336

#### 3. TERM OF AGREEMENT

From upon award thru June 30, 2014.

#### 4. PRODUCT/SERVICE SPECIFICATIONS

Successful vendor shall provide the following FRESH Grant services on an as needed basis.

##### **Early Childhood Mental Health Services Program**

Vendor /agency shall provide a program (located in Fulton County Commission District 6) that offers early intervention, mental health, disability and early education services to 97 children / youth under the age of 5 that reside in Fulton County Commission District 6. Vendor/agency must be a licensed program with the Georgia Department of Early Care and Learning and utilize curricula designed to promote social competence and prevent, reduce, and treat behavioral concerns and /or issues in young children. The program should also include the following services:

- Mental health screenings and assessments for children under age 5 within 45 days of enrollment into the program
- Behavioral health plans for children that require treatment
- Mental health treatment to children under age 5 as needed
- Small group therapy
- Referral assistance for children and parents requiring further assistance
- Parental support, guidance, modeling and counseling to parents
- Track outcomes by conducting post testing on children served and

- Support and consultation to teachers.

## 5. PRICING SHEETS

<i>Item No.</i>	<i>Item Description</i>	<i>Estimated Quantity</i>	<i>Unit of Issue</i>	<i>Unit price (\$)</i>
1	Early Childhood Mental Health Services	97	per person	

## 6. SPECIAL CONDITIONS/INSTRUCTIONS

The program must be located in Fulton County Commission District 6 and provide services to clients that reside in Fulton County Commission District 6.

Vendor must submit a copy of the agency's:

- **U.S. Homeland Security E-Verify signed MOU-**
- **Georgia Security and Immigration Contractor Affidavit**
- **Georgia Security and Immigration Subcontractor Affidavit**

Vendor must list program services and activities that will address the requested Scopes of Services being sought (include number of Fulton County Commission District 6 youth to benefit from services).

All potential vendors must answer the following questions and / or provide the following information in order to validate the agency's experience:

Please submit as an attachment to your on-line bidder.

- 1) What is the official and legal name of your agency (as stated on Agency's Seal or Charter)?
- 2) What is the year of your agency's 501(c) 3 incorporation?
- 3) Describe the purpose of your agency in 75 words or less.
- 4) Describe the services that your agency provides.
- 5) Please describe past or present program outcome success rate (s) for the program in which you are seeking funding to support. Be sure to indicate the number of total program participants and how the participants benefited from the program.

Failure to provide the above information may deem you quote non-responses.

## 7. INSURANCE & RISK MANAGEMENT PROVISIONS

### **Certificate or Declaration of Insurance**

An original Certificate or Declaration of Insurance, (listing the Fulton County Housing and Human Services Department as a Certificate Holder, and includes the Housing and Human Service Department's address: 137 Peachtree St. S.W. Atlanta, GA 30303), for proof of insurance with a minimum of \$1 million (aggregate) coverage and a 'current' one (1) year term. Note: The minimum \$1 million coverage pertains to General Liability insurance and must be listed on the General Aggregate line of the General Liability section of your agency's certificate of insurance.